

<b>Case Number:</b>	CM14-0029803		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	12/07/2007
<b>Decision Date:</b>	07/14/2014	<b>UR Denial Date:</b>	01/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/23/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Illinois. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 34-year-old female who reported an injury on 12/07/2007 due to a slip and fall. The clinical note dated 08/15/2013 noted the injured worker presented with complaints of pain in the cervical spine, bilateral shoulders, lumbar spine, and chest, as well as issues related to psyche, internal medicine and headaches. The prior treatment has been tramadol and reports an improvement in pain level from 8/10 to 9/10 on the pain scale to 0/10 after taking medication. Upon examination of the cervical spine, it revealed limited range of motion, tenderness to palpation noted over the trapezius and paravertebral muscles bilaterally. Hypertonicity noted over the trapezius bilaterally, a positive Spurling's test to the right, positive cervical compression, muscle strength 5/5 in the C5, C7, and C8 muscle groups bilaterally. Muscle strength was 4/5 in the C6 muscle groups and sensation was normal. Diagnoses were diffuse muscle, skeletal and myofascial pain, psychiatric issues, and weight gain. The provider requested epidural steroid injection at C5-6 times 3. The provider's rationale was not included within the medical documents. The Request for Authorization form was not included in the medical documents for review.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**A SERIES OF THREE EPIDURAL STEROID INJECTION AT C5-C6:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46.

**Decision rationale:** The California MTUS Guidelines recommend epidural steroid injection as an option for treatment of radicular pain. An epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. The criteria for use for epidural steroid injection include that radiculopathy be documented by physical examination and corroborated by imaging studies, that the patient be initially unresponsive to conservative treatment, and injections be used performing fluoroscopy, with no more than 2 levels being injected using transforaminal blocks. There is a lack of documentation in the injured worker's initial unresponsiveness to conservative treatment, which would include exercise, physical methods, and medication. The request for 3 injections exceed the guideline recommendations as they do not recommend a series of 3. As such, the request is not medically necessary.